

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

ANDRE DENNIS

Plaintiff,

[Insert full name of plaintiff/prisoner]

**CIVIL RIGHTS COMPLAINT**

42 U.S.C. § 1983

JURY DEMAND

YES ☒ NO ☐

-against-

NASSAU COUNTY CORRECTIONAL  
CENTER

NASSAU COUNTY

SHERIFFS

DEPARTMENT & DEPT. OF  
SECURITY

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

**CV-19 4041**

**MATSUMOTO, J.**

BLOOM, M.J.

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff

ANDRE DENNIS

If you are incarcerated, provide the name of the facility and address:

NASSAU COUNTY CORRECTIONAL CENTER

100 CARMAN AVE EAST MEADOW, NY 11554

Prisoner ID Number:

1700-0955

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ JUL 12 2019 ★

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If you are not incarcerated, provide your current address:

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Telephone Number: 

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**B. List all defendants.** You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

NASSAU COUNTY CORRECTIONAL CENTER  
Full Name  
PRISONER HOLDING FACILITY  
Job Title  
180 CARMAN AVE EAST MEADOW,  
NY 11554  
Address

Defendant No. 2

NASSAU COUNTY  
Full Name  
COUNTY  
Job Title  
NASSAU COUNTY  
Address

Defendant No. 3

NASSAU COUNTY SHERIFFS DEPARTMENT  
Full Name  
  
Job Title

Defendant No. 4

Address

DEPT. OF SECURITY

Full Name

INMATE SECURITY

Job Title

NASSAU COUNTY

Address

Defendant No. 5

Full Name

Job Title

Address

**II. Statement of Claim:**

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? NASSAU COUNTY  
CORRECTIONAL CENTER IN THE MAIN BUILDING  
ON B3C (DORM)

When did the events happen? (include approximate time and date) SEPTEMBER 21,  
2018 BETWEEN 1:45-2:15 p.m

Facts: (what happened?) I WAS ON THE PHONE WITH MY GIRLFRIEND WHEN I WAS ASSAULTED & STABBED OVER 12 TIMES BY A GROUP OF INMATES. I WAS HIT IN MY EYE WITH A SOAP IN A SOCK & NO LONGER SEE CLEAR IN MY RIGHT EYE. I WAS REFUSED MEDICAL ATTENTION FOR 2 HOURS.

(CALLS ARE RECORDED & CAN PROVE I WAS TAKEN OFF GUARD & DID NOT HAVE A CHANCE.)

**II.A. Injuries.** If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I HAVE LOST PARTIAL VISION IN MY RIGHT EYE, SEVERAL STAB WOUNDS & FACE CUTS. I RECEIVED MEDICAL ALMOST 2 HOURS AFTER THE INCIDENT. I WAS GIVEN STITCHES TO A FEW STAB WOUNDS & PRESCRIBED GLASSES FOR MY EYE. I AM NOW NERVOUS & PARANOID

AROUND GROUPS OF PEOPLE & FEEL MY IMAGE  
HAS ~~BEEN~~ CHANGED SINCE I'VE BEEN SCARRED  
FOR LIFE.

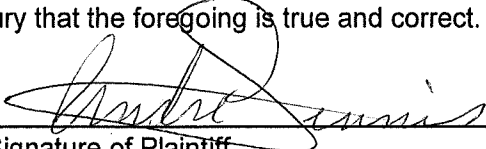
III. **Relief:** State what relief you are seeking if you prevail on your complaint.

I AM SEEKING \$10 MILLION DOLLARS FOR  
PAIN & SUFFERING, NEGLIGENCE, NEGLECT,  
RECKLESSNESS, CARELESSNESS & DELAY IN  
PROPER MEDICAL ~~TREATMENT~~ TREATMENT.

I declare under penalty of perjury that on 7/10/2019, I delivered this  
(date)  
complaint to prison authorities at NASSAU COUNTY CORRECTIONAL to be mailed to the United  
(name of prison) CENTER  
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 7/10/2019

  
Signature of Plaintiff

NASSAU COUNTY CORRECTIONAL CENTER  
Name of Prison Facility or Address if not incarcerated

100 CARMAN AVE  
EAST MEADOW, NY 11554

Address

1700-0955  
Prisoner ID#